

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15924

FILED MAY 10 1944

Registration District No. 322

Primary Registration District No. 4482

State File No.

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Scotland
(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CORA ELFA HARLE

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years (Day) (Year)

7. Birth date of deceased July 1 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 26 hr. min.

9. Birthplace Green City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business

12. Name John Andrews
13. Birthplace Scuyler Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Klein
15. Birthplace Kenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olive Yates
(b) Address Colo. Springs, Colo.

17. (a) Burial (b) Date thereof 3-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis cemetery

18. (a) Signature of funeral director W. H. Hays
(b) Address Memphis Mo

19. (a) April 12, 1944 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Memphis
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1944 hour 8:00 minute 0 M.

21. I hereby certify that I attended the deceased from July 27 1942 to 3/27 1944
that I last saw him alive on 3/27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction with Coronary atherosclerosis

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Dr. B. J. Baker (M. D. or other)
Address Memphis Mo Date signed 4/14/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 5-44-929

Date Filed MAY 9 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

P. H. Payne

Licensed Embalmer No.

2196

P. O. Address

Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.